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Office Only CO.....BO....

LEGIONELLA RISK ASSESSMENT REQUEST FORM

Name Business Name

Address of Premises

Postcode

Contact Tel no/ Mobile No Email address:.....

About site

Property Type- Nursing Home / Dental Practice / Hotel / Other

If a Nursing Home /Care Home -

Number of bedrooms

If a Dental Practice

Number of surgerys

Have you had a Legionella Risk assessment completed before ? yes / no

Have you got a monitoring System in place for Legionella ? yes / no

Have you got a RQIA inspection date ? yes / no

Do you require Legionella Training ? yes / no

Have you got stored water Tanks ? yes / no

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